

**Complete and return to: Chiropractic Physicians' Board of Nevada
4600 Kietzke Lane, Suite M245
Reno, NV 89502**

Or Fax to: 775-688-1920

**REGISTRATION INFORMATION FOR SERVICES TO BE PROVIDED TO
PATIENTS IN A CHIROPRACTIC OFFICE**

DC Licensee's Name: _____
Telephone No.: _____ License No.: _____

Name of person who will be providing services for your patients:

Description of services:

Address where above person will provide services for your patients:

Date on which above person will begin providing services for your patients: _____

Acknowledgments of Licensee:

The above named person will not be providing chiropractic services, including, without limitation, taking x-rays and services that involve the use of physiotherapeutic equipment unless that person has applied for or is certified as a Chiropractor's Assistant.

The above named person will be employed by me or will be retained by me as an independent contractor.

A copy of the license(s) or certificate(s) that authorize(s) the above named person to provide the services that he/she will be providing for my patients is/are attached.

A copy of any license or certificate for the above named person that is provided herewith shall be available to each of my patients for whom the above named person provides services.

Date: _____, DC
Signature of Licensee